

Leominster Recreation Department
Swim Lessons Program 2008

The Recreation Department is hosting swimming lessons this coming summer. Please use this registration form to sign-up for swim lessons. **Cost per session is \$45.00** and lessons are **Monday – Friday** at the time you sign-up for. Non-Resident Fee: Add \$5.00 per program. Registration times, dates, and levels will be posted at the Leominster State Pool.

Level I Intro to Water Skills	Level II Fundamental Aquatic Skills	Level III Stroke Development (Readiness)	Level IV Stroke Development	Level V Stroke Refinement	Level VI Fitness Swimmer or Lifeguard
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Session I: Level: _____ Time: _____ Cash: _____ Check: _____ Check#: _____ Date: _____

Session II: Level: _____ Time: _____ Cash: _____ Check: _____ Check#: _____ Date: _____

Session III: Level: _____ Time: _____ Cash: _____ Check: _____ Check#: _____ Date: _____

Session IV: Level: _____ Time: _____ Cash: _____ Check: _____ Check#: _____ Date: _____

Participant Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

***When emergency situations arise, we want to be able to handle them according to your wishes, if possible.**

Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Mother's Name: _____ () Mother's Phone #: _____

() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____

() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____

Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____

ANY SPECIAL MEDICAL CARE? _____

ACTIVITY RESTRICTIONS: _____

MY CHILD HAS PERMISSION TO WALK/RIDE BIKE TO PLAYGROUND:

YES ___ NO ___

MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)

1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: _____

_____ Date: _____

THIS FORM MAY BE DUPLICATED.

LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453